

# FAIRFAX COUNTY HEALTH DEPARTMENT

## COORDINATOR'S APPLICATION FOR A TEMPORARY FOOD EVENT

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A Temporary Food Establishment Permit Application and **permit fee of \$40.00** for each booth operator must be received by the Fairfax County Health Department ten (10) days prior to the event.

For more information call Cassandra Mitchell (703) 246-2453 (703) 385-9568 fax

1. NAME OF EVENT \_\_\_\_\_
2. DATE(S) OF EVENT \_\_\_\_\_
3. EVENT LOCATION \_\_\_\_\_
4. NAME OF EVENT COORDINATOR OR RESPONSIBLE PERSON:  
NAME:  
ADDRESS:  
PHONE NUMBER:
5. NUMBER OF ANTICIPATED FOOD BOOTHS \_\_\_\_\_
6. TIME OF FOOD BOOTHS SET-UP \_\_\_\_\_
7. SOURCE OF WATER SUPPLY \_\_\_\_\_
8. GARBAGE DISPOSAL METHOD \_\_\_\_\_
9. LIQUID WASTE DISPOSAL METHOD \_\_\_\_\_

(FSS-TEMP1)

10. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, DESCRIBE \_\_\_\_\_
11. ESTIMATED ATTENDANCE \_\_\_\_\_
12. NUMBER OF TOILET FACILITIES PROVIDED? \_\_\_\_\_ TYPE? \_\_\_\_\_  
WILL ADJACENT HAND WASHING FACILITIES BE PROVIDED?  
YES \_\_\_\_\_ NO \_\_\_\_\_
13. ATTACH A LIST OF ALL PROPOSED FOOD BOOTH PARTICIPANTS  
WITH THE FOLLOWING INFORMATION:
- NAME OF BOOTH/RESTAURANT:  
OWNER/OPERATORS NAME:  
DAYTIME PHONE NUMBER:
14. ATTACH A MAP SHOWING THE LAYOUT OF THE FOOD BOOTHS, TOILET  
FACILITIES, GARBAGE DISPOSAL SITE(S) AND THE WASTEWATER DISPOSAL  
SITE(S).
15. IF A FOOD PREPARATION TRAINING COURSE IS REQUIRED, HAS TRAINING BEEN  
SCHEDULED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES: DATE \_\_\_\_\_ TIME \_\_\_\_\_  
LOCATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(FSS-TEMP1)